PTO/SB/01 (10-01) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.									
			Attorney Docket Number	1					
DECLARATION FOR UTILITY OR DESIGN			First Named Inventor	Jeff Moreau					
1	PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN						
l			Application Number						
		Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date						
	∑ Declaration Submitted		Art Unit						
	with Initial Filing		Examiner Name						

Filling	required)	Examiner Name							
As the below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Re-Enforced Compos	ite Sheet Piling S	Segments							
(Title of the Invention)									
the specification of which									
X is attached hereto									
OR									
was filed on (MM/DD/YYYY)		as United States A	Application Number	or PCT International					
Application Number	and was amend	led on (MM/DD/YYYY)		(if applicable).					
<u> </u>									
I hereby state that I have reviewed	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by								
any amendment specifically referred to above.									
applications, material information w	nich became available between	structuring date of the pine	• • • • • • • • • • • • • • • • • • •						
I hereby claim foreign priority bene	fits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any for application which design	reign application(s) ated at least one c	for patent, inventor's or plant ountry other than the United					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is									
claimed.	- 	Foreign Filing Date	Priority	Certified Copy Attached?					
Prior Foreign Application Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO					
		<u></u>							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

or Design Patent Application **DECLARATION -Customer Number** Correspondence address below OR Direct all correspondence to: X or Bar Code Label PATENT TRADEMARK OFFICE Name **Address** State City Fax Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Moreau Jeff **Family Name** Given Name or Surname (first and middle [if any]) Inventor's Signature U.S.A. U.S.A. GA. Kennesaw Citizenship Country State Residence: City 225 Town Park Drive, Suite 300 **Mailing Address** U.S.A. 30144 GA Kennesaw Country ZIP State City A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name Given Name** or Surname (first and middle [if any]) Inventor's Signature Citizenship Country State Residence: City **Mailing Address** Country ZIP State City supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. Additional inventors are being named on the

Please type a plus s	ign (+) ins	side this box	Approvi	ed for use through 10/31/2002, Of	SB/81 (02-01) MB 0651-0035				
Under the Paperwork Redu	etion Act o	f 1995, no persons are required to re	U.S. Patent and Tradema espond to a collection of informat	rk Office; U.S. DEPARTMENT OF ion unless it display a valid OMB o	COMMERCE control number.				
			Application Number Filing Date						
			First Named Inventor	Jeff Moreau					
POWER (OF AT	TORNEY OR	Title	Re-Enforced Con	mposite Sheet Piling				
AUTHORIZ	ZATIO	ON OF AGENT	Group Art Unit						
			Examiner Name						
			Attorney Docket Number	r N1569-71511					
					 				
I hereby appoi	int:			Place Customer					
X Practition	ners at 0	Customer Number	32009	Number Bar Coo	de				
OR	1 - 1			ATELADBÁPRASK OFFI	<u> </u>				
Practition	er(s) na	med below:		egistration Number	-				
		Name		egistration Number					
		•							
		•							
	/ - \ - :		anniegtion identified s	shove and to transact of					
		ragent(s) to prosecute the States Patent and Tradem			'				
		espondence address for th							
		ned Customer Number.	io abovo idonamos app						
OR				Place Customer	į				
	s at Cu	stomer Number		Number Bar Code Label here					
OR Firm or									
Individual Na	me								
Address									
Address				7:-					
City	· · ·		State	Zip					
Country		Fax							
I am the: X Applican	t/Invent	or							
(, <u>A</u>) Applican	UIIIVCIII	O1.							
		ord of the entire interest. S r 37 CFR 3.73(b) is enclos		·					
SIGNATURE of Applicant or Assignee of Record									
Name	Toff Moreau								
Signature Date 10/25/2003									
NOTE: Simple	the inve	- -	e entire interest or their rec	recontative(s) are required. Su	chmit multiple				

forms if more than one signature is required, see below*.

_forms are submitted.

☐ *Total of